

GRANDVIEW HEIGHTS CITY SCHOOL DISTRICT**APPLICATION FOR SICK LEAVE**

By completing this form, the undersigned says that s/he is making application for the use of sick leave as provided in Revised Code 3319.14.1 and that the use of said sick leave is justified for the reason indicated in Section 1 of this form.

Employee Name: _____ Building: _____

Dates for which Sick Leave is being requested: _____

Increment of time requested: i.e., 1/4 day, 1/2 day, or whole day(s): _____

- 1) _____ A. Personal Illness _____ D. Illness, Injury or Death in Immediate Family
 _____ B. Personal Injury _____ E. Medical or Dental Appointment
 _____ C. Exposure to Contagious Disease _____ F. Other: _____

- 2) If "A, B, or C" is checked above, was medical attention required? _____ Yes _____ No

If yes, please indicate the name and address of physician and date(s) consulted:

Physician: _____

Address: _____

Date(s) Consulted: _____

- 3) If "D" is checked, please indicate name, relationship and address:

Name _____ Relationship _____

Address (if not residing with employee): _____

- 4) If "E" is checked, please indicate name and address of physician or dentist:

Physician/Dentist: _____

Address: _____

Employee Signature: _____

Date: _____

Principal/Administrator: _____ Date: _____

Superintendent: _____ Date: _____